

Ohio Campaign Finance Report

FILED

Prescribed by Secretary of State 3/05

10 JAN 29 AM 10: 28

Full Name of Committee Judge Sheward Committee		Registration Number, if PAC Y BOARD OF ELECTIONS	
Full Name of Candidate Richard S. Sheward			
Street Address 14 East Gay St., 2nd Floor		Office Sought Judge	District Franklin Co.
City Columbus		State OH	Zip Code 43215
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly
			<input type="checkbox"/> Post-General
			<input type="checkbox"/> Termination
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date of Election	1 ^M 1 ^D 0 ^Y 4 0 ^Y 8

For candidates only, during an election year if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box ☐
No other forms are required for a post-primary or post-general period, if above statement applies See R.C. 3517 10(H) for details

1. Amount brought forward from last report	\$	\$14,378.00
2. Total monetary contributions (From Form No. 31-A)	\$	\$250.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$14,628.00
5. Total monetary expenditures (From Form No. 31-B)	\$	\$9,886.12
6. Balance on hand (line 4 minus line 5)	\$	\$4,741.88
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	\$0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	\$0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	\$0.00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Bradley K. Sinnott

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution
pages 1

Expenditure
pages 1

Other
pages 9

Total
pages 11

Statement of Contributions Received

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Name of Committee in Full Judge Sheward Committee									
Full Name of Contributor William A. Goldman						Registration Number, if PAC			
Street Address 500 South Frnt Street, Ste 1200			Employer/Occupation/Labor Organization* Goldman & Braunstein/Attorney				Form (Cash, Check, etc) check		
City Columbus			State OH	Zip Code 43215		M 1		D 2	
						Y 1		Amount \$250 00	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc)		
City			State OH	Zip Code		M		D	
						Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc)		
City			State OH	Zip Code		M		D	
						Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc)		
City			State OH	Zip Code		M		D	
						Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc)		
City			State OH	Zip Code		M		D	
						Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc)		
City			State OH	Zip Code		M		D	
						Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc)		
City			State OH	Zip Code		M		D	
						Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc)		
City			State OH	Zip Code		M		D	
						Y		Amount	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear [R C 3517 10(B)(4)]

Page Total **\$250 00**

Statement of Expenditures

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Name of Committee in Full Judge Sheward Committee							
To Whom Paid Franklin County Board of Elections				M	D	Y	Amount
				1	2	2 4 0 8	\$5 00
Address 280 East Broad St.		Purpose Certificate of Election					
City Columbus	State OH	Zip Code 43215	Check Number 1024				
To Whom Paid Suzanne E. Marshall				M	D	Y	Amount
				0	1	0 1 0 9	\$210 00
Address 260 N. Cassady Ave.		Purpose Accounting Services					
City Columbus	State OH	Zip Code 43209	Check Number 1025				
To Whom Paid Richard Sheward				M	D	Y	Amount
				0	1	2 0 0 9	\$251 27
Address 369 South High St		Purpose reimburse framing of election certificate					
City Columbus	State OH	Zip Code 43215	Check Number 1026				
To Whom Paid Franklin County Republican Party				M	D	Y	Amount
				0	1	2 2 0 9	\$8,750 00
Address 14 East Gay St., 2nd Floor		Purpose Contribution					
City Columbus	State OH	Zip Code 43215	Check Number 1027				
To Whom Paid Capital University Law School				M	D	Y	Amount
				0	4	0 9 0 9	\$40 00
Address 303 East Broad St.		Purpose event ticket					
City Columbus	State OH	Zip Code 43215	Check Number 1028				
To Whom Paid Central Ohio Labor Council, AFL-CIO				M	D	Y	Amount
				0	4	0 9 0 9	\$40 00
Address 1545 Alum Creek Dr		Purpose event ticket					
City Columbus	State OH	Zip Code 43209	Check Number 1029				
To Whom Paid Larry Phillips Photography				M	D	Y	Amount
				0	7	2 7 0 9	\$239 85
Address 35 East Gay St , Ste 312		Purpose Photos					
City Columbus	State OH	Zip Code 43215	Check Number 1030				
To Whom Paid Supreme Court of Ohio				M	D	Y	Amount
				0	8	0 5 0 9	\$350 00
Address 65 South Front St.		Purpose Attorney registration fee					
City Columbus	State OH	Zip Code 43215	Check Number 1031				

Page Total **\$9,886.12**